CLINICAL QUALITY & PATIENT SAFETY PERFORMANCE SUMMARY

Introduction

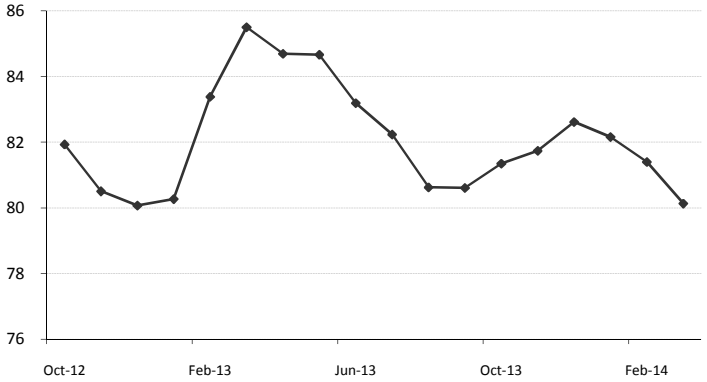
A summary of key trends and actions of the Trust's performance against the clinical quality and patient safety indicators is provided together with supporting narrative. The report is structured around the key themes of the annually published Quality Report/Account; Patient Safety, Patient Experience and Clinical Effectiveness.

	Measure	Improvement Metric		Target 14/15	Mar-14	Mar-13	vs Mar-13	YTD
Patient Safety	Mortality Rates	HSMR		-	80.1	85.5	↓	82.1
		RAMI		-		97.1		-
					Q1 13/14	Q1 12/13	vs Q1 12/13	YTD
		SHMI (%)		-	94.96%	93.49%	↑	-
					Apr-14	Apr-13	vs Apr-13	YTD
		Crude Mortality: All Ages (Per 1 000)	Non-Elective	-	31.295	32.239	↓	31.295
			Elective	-	0.346	0.235	↑	0.346
	Risk Management	Serious Incidents (STEIS)	New Incidents	-	11	3	↑	-
			Open Incidents	-	44	31	↑	Cumul.
	HCAI	MRSA	Attributable	0	0	1	↓	Cumul.
		C. difficile	Post 72h	47	4	6	↓	Cumul.
	Infection Prevention	Mandatory Training Compliance (%)		95.0%		87.3%		
	Harm Free Care (HFC)	Safety Thermometer HFC (%) - Old & New Harm	EKHUFT	93.0%	93.9%	89.1%	↑	93.9%
			National	-	93.6%	92.2%	↑	-
	Nurse Sensitive Indicators	Pressure Ulcers: Category 2,3 and 4	Acquired	-	17	25	↓	17
			Avoidable	71	7	10	↓	7
		Falls		-	156	193	↓	156
	Clinical Incidents	Total Clinical Incidents		-	990	990	↔	990
Patient Experience	Compliments and Complaints	Compliments:Complaints		-	27:1	23:1	↑	-
		No. Care Spells per Formal Complaint		-	1143	1139	↑	-
	Experience	Friends and Family Test (Star Rating)		5.0	4.5	4	↑	-
		Adult Inpatient Experience (%)		80.00%	88.12%	88.62%	↓	-
		Mixed Sex Accommodation Occurrences		-	8	8	↔	79
Clinical Effectiveness	Readmission Rate				Mar-14	Mar-13	vs Mar-13	YTD
		7 Day (%)		2.0%	4.19%	4.57%	↓	4.21%
		30 Day (%)		8.3%	8.09%	9.26%	↓	8.91%
	CQUIN				Apr-14	Apr-13	vs Apr-13	YTD
		Standard Contract CQUIN		Multiple			↔	
		Specialist CQUIN		Multiple			↔	
	Bed Usage	Bed Occupancy (%)		-	89.61%	104.67%	↓	
		Extra Beds (%)		-	5.30%	8.16%	↓	6.02%
		Outliers		-	24.17	44.67	↓	24.17
		Delayed Transfers of Care (Average)		-	34.80	42.75	↓	34.80
Care Quality Commission	Intelligent Monitoring Report	Outcome Measures	Risks	-	4			-
			Elevated Risks	-	1			-

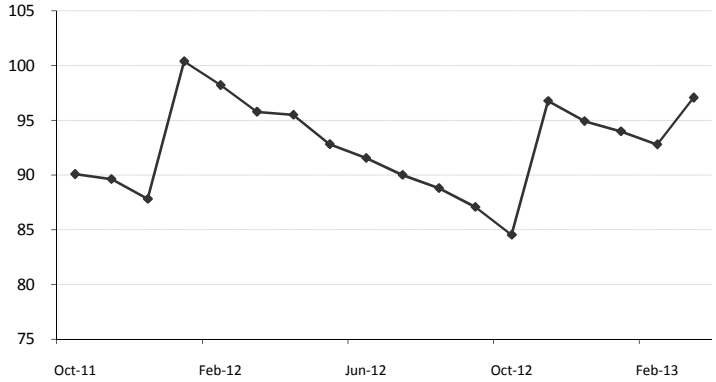
NB: RAMI - Data sharing agreements with CHKS have now been resolved. An up to date RAMI position will be published in the near future.

CLINICAL QUALITY & PATIENT SAFETY
PATIENT SAFETY: MORTALITY RATES

Hospital Standardised Mortality Ratio (HSMR) - All Discharges

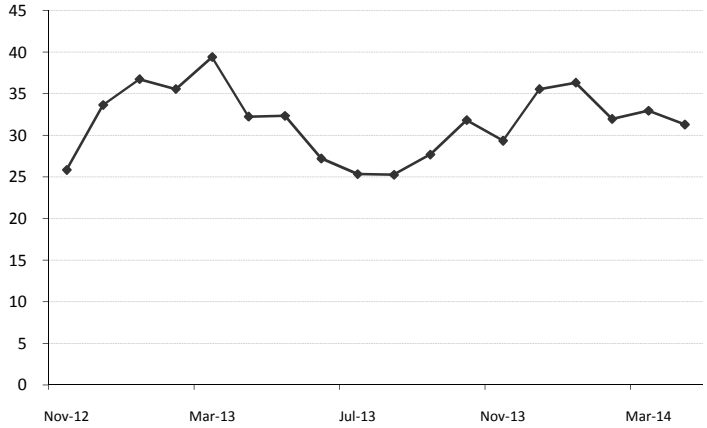


Risk-Adjusted Mortality (RAMI) - All Discharges



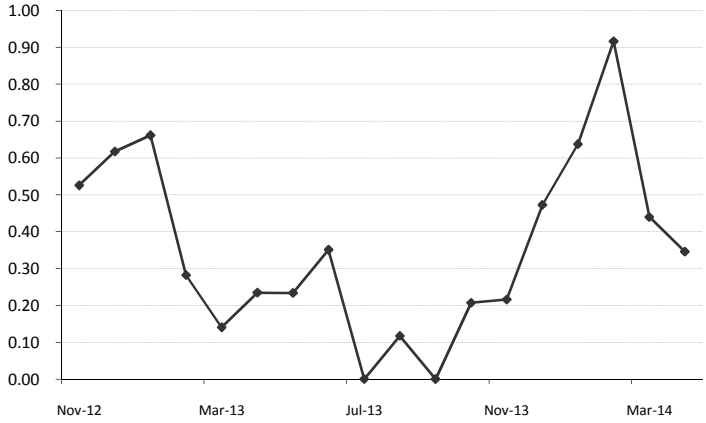
Performance at Trust level remains good across all mortality indicators with the 12 month rolling HSMR equalling 80.1 at the end of Mar-14 (that is, showing a 1.3 decrease against Feb-14 and a 2.1 decrease upon Jan-14), and is in line with the trend demonstrated by the crude mortality metric. This also is a reflection of seasonal fluctuations, although it is hoped rates will be more consistent during Q4. This position also represents the lowest HSMR reported since Dec-12.

Crude Mortality - Non-Elective per 1 000



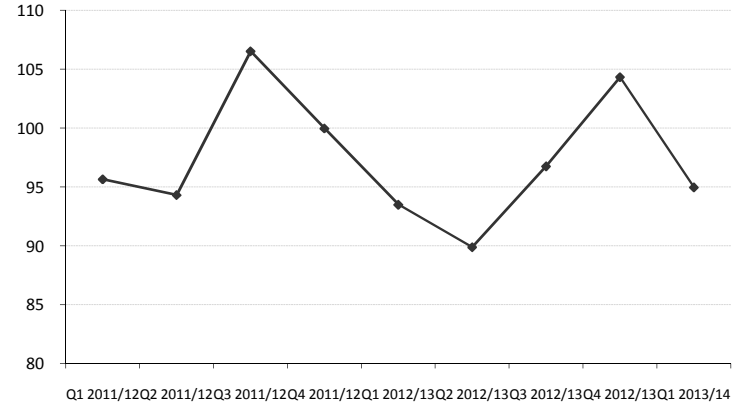
Crude mortality for non-elective patients shows a fairly seasonal trend with deaths higher during the winter months. The winter peak during 2012/13 extended further into the spring than normal, with a reduction to expected levels occurring in June rather than in April/May. Following this trend, Apr-14 performance equalled 31.295 deaths per 1 000 population, which shows an improved position against the last quarter.

Crude Mortality - Elective per 1 000



During February elective crude mortality was 0.916 deaths per 1 000 population, which dropped back to expected levels seen in March at a rate of 0.439. April's position stabilises this position once more, achieving 0.346. As predicted it is expected that the levels will reduce to those seen pre Nov-13 and follow seasonal trends.

Summary Hospital Mortality Indicator (SHMI)



The Summary Hospital Mortality Indicator (SHMI) includes "in hospital" and "out of hospital" deaths within 30 days of discharge. These data are supplied by an external party and are updated on a quarterly basis. During the latter part of 2011/12 SHMI for EKHUFT was higher than other mortality indicators at over 100. Improvements have been made over the last year, and the data up to the end of Q2 2012/13 show an improved position, reducing to 90 over the period of 3 quarters. The most recent data to be published (Q1 2013/14) show a decrease against Q4 2012/13 and are in line with levels last seen at Q1 2012/13.

Serious Incidents - Open Cases

Date		Summary of Serious Incident & Remedial Action Taken	IX lv	Division	Timely Submit?
Incident	STEIS Report				
28-Apr-14	29-Apr-14	Surgical Error - locum surgeon		Surgical	Not Due
27-Mar-14	28-Apr-14	Category 4 hospital acquired pressure ulcer (avoidable)		UCLTC	Not Due
13-Jan-14	24-Apr-14	Category 3 hospital acquired pressure ulcer (avoidable)		UCLTC	Not Due
17-Mar-14	24-Apr-14	Category 3 hospital acquired pressure ulcer (avoidable)		Surgical	Not Due
16-Apr-14	22-Apr-14	Unexpected Admission - NICU		Specialist	72h Report
18-Mar-14	11-Apr-14	Unexpected Death - transfer/missed diagnosis	1	UCLTC	Not Due
7-Apr-14	11-Apr-14	Category 3 hospital acquired pressure ulcer (avoidable)	1	UCLTC	Not Due
5-Apr-14	10-Apr-14	Unexpected Admission - NICU	2	Specialist	72h Report
8-Apr-14	10-Apr-14	Unexpected Death - post debridement	1	Surgical & UCLTC	Not Due
3-Apr-14	3-Apr-14	Never Event - retained vaginal swab post delivery	2	Specialist	Not Due
3-Apr-14	3-Apr-14	Intrapartum Death - placental abruption	2	Specialist	Not Due
10-Mar-14	24-Mar-14	Suboptimal care of the deteriorating patient	1	Surgical	Not Due
7-Mar-14	20-Mar-14	Unexpected Death	1	UCLTC	Not Due
19-Mar-14	20-Mar-14	Neonatal Death - home birth	2	Specialist	72h Report
27-Jan-14	19-Mar-14	Category 4 hospital acquired pressure ulcer (avoidable)	1	Surgical	Not Due
1-Mar-14	19-Mar-14	Category 3 hospital acquired pressure ulcer (avoidable)	1	UCLTC	Not Due
19-Feb-14	13-Mar-14	Unexpected Death - pericardial effusion	1	UCLTC	Not Due
1-Mar-14	10-Mar-14	Never Event - wrong site pleural aspiration	2	UCLTC	72h Report
28-Feb-14	3-Mar-14	Medication Administration Error - administered via wrong route	1	Surgical	Not Due
9-Jan-14	25-Feb-14	Unexpected Death - venous thomboembolism at 6 weeks postoperative		Surgical	Yes
19-Feb-14	25-Feb-14	Neonatal Death - at 24 weeks		Specialist	Not Due
10-Dec-13	5-Feb-14	Unexpected Death - retroperitoneal haematoma	1	Surgical & UCLTC	Yes
18-Jan-14	24-Jan-14	Unexpected Death - sepsis	1	UCLTC	Yes
24-Jan-14	24-Jan-14	Neonatal Death - unexpected breach delivery at home, taken to QEH	2	Specialist	Yes
21-Nov-13	16-Jan-14	Unexpected Death - myasthaenia gravis		UCLTC	Yes
17-Jul-13	10-Jan-14	Radiological Error - missed reporting of carotid stenosis in 2 patients		Clinical Support	Yes
12-Dec-13	19-Dec-13	Unexpected Death - epileptic patient with ischaemic bowel		UCLTC	No
14-Aug-09	12-Dec-13	Failure to Act - abnormal test results, missed grade 3 leiomyosarcoma		Surgical	Yes
15-Oct-13	15-Nov-13	Unexpected Death - a subdural haematoma following a fall	2	UCLTC	Yes
6-Nov-13	11-Nov-13	Never Event - misplaced nasogastric tube	2	UCLTC	Yes
11-Oct-13	30-Oct-13	Allegation against a member of staff	1	UCLTC	Not Due
28-Aug-13	3-Oct-13	Unexpected Admission - term baby admitted to NICU from MLU via labour ward at QEH	2	Specialist	Yes
Aug-13	14-Aug-13	Media Interest - delayed implementation of PACS/RIS replacement resulting in a backlog of patient bookings across all modalities	0	Clinical Support	Not Due
22-Jan-13	24-Jan-13	Never Event - wrong site surgery: pleural aspiration	2	UCLTC	Yes
7-Jan-13	11-Jan-13	Never Event - wrong site surgery: Ophthalmology	2	Surgical	Yes
3-Jan-13	8-Jan-13	Neonatal Death - term baby	2	Specialist	Yes
8-Aug-11	13-Sep-12	Media Interest - re: DNR and patient with learning disabilities	1	Corporate	Yes
4-Sep-12	13-Sep-12	Neonatal Death - following shoulder dystocia	1	Specialist	Yes

Serious Incidents - Partially Closed Cases

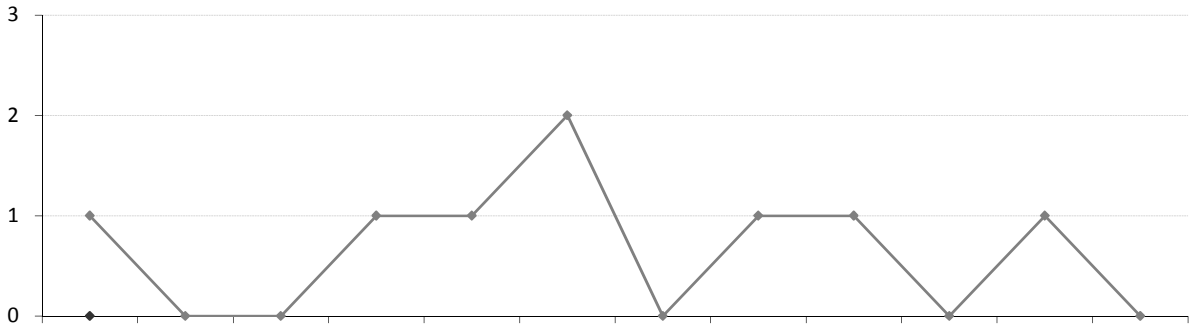
Serious Incidents closed by KMCS but remaining open on STEIS pending review by external bodies.

Date		Summary of Serious Incident & Remedial Action Taken	IX lv	Division
Incident	STEIS Report			
2-Jun-13	17-Oct-13	Never Event - retained swab post caesarean section	2	Specialist
17-Jun-13	27-Jun-13	Screening Issue - diabetes eye screening programme and Hospital Eye Services (HES)	1	UCLTC
21-May-13	21-Jun-13	Induction of Labour - term baby developed seizures at 36h	2	Specialist
22-Mar-13	9-Apr-13	Unexpected Death - adult with small bowel obstruction	1	Surgical
27-Feb-13	1-Mar-13	Maternal Death - 6 days postpartum	1	Specialist
22-Nov-12	22-Nov-12	Unexpected admission to NICU		Specialist

Eleven serious incidents were reported on STEIS during Apr-14. These were: 4 pressure ulcers (3 Category 3 and 1 Category 4), 2 surgical errors (a Never Event of a retained vaginal swab and an error during surgery resulting in a hepatic artery repair), 2 unexpected deaths (an inappropriate transfer of a deteriorating patient and 1 failure to recognise deterioration), 2 unexpected admissions to NICU and 1 Intrapartum death. The Trust has had no notifications of closure from the CCGs or Area Team. Root Cause Analysis (RCA) reports have been presented to the Risk Management Governance Group by the Divisions responsible. These included the findings of the investigation and action plans to take forward recommendations, including mechanisms for monitoring and sharing learning. At the end of Apr-14 there were 44 serious incidents open on STEIS. The CCGs have agreed closure of 6 of these serious incidents pending review by the area team.

CLINICAL QUALITY & PATIENT SAFETY
PATIENT SAFETY: HOSPITAL ACQUIRED INFECTIONS

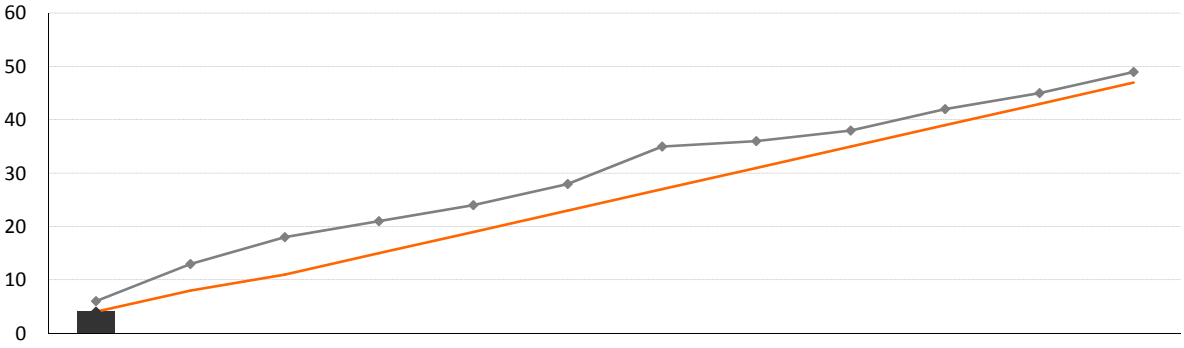
MRSA Bacteraemia - Trust Assigned Cases



	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Actual	0											
2014/15 Cumulative	0											
2013/14 Cumulative	1	0	0	1	1	2	0	1	1	0	1	0

There were no MRSA bacteraemias in Apr-14. The Government's "Zero tolerance approach" to all MRSA bloodstream infections continues for 2014/15 as set out in the planning guidance "Everyone Counts: Planning for Patients 2013/14".

Clostridium difficile - Incidents Post 72h



	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Actual	4											
2014/15 Cumulative	4											
2013/14 Cumulative	6	13	18	21	24	28	35	36	38	42	45	49
Target	4	8	11	15	19	23	27	31	35	39	43	47

There were 4 post 72h C. difficile cases in Apr-14 against a trajectory of 4 and annual limit of 47. Root Cause Analysis (RCA) has been completed on 3 out of the 4 cases to date. Two of the cases met the criteria for a PII (a Period of Increased Incidence) i.e. 2 C.difficile cases or more occurring on the same ward within 28 days. The PII meeting concluded that there was no connection between the cases. The RCAs completed to date have concluded that 2 out of the 3 cases were unavoidable. Decisions with regard to whether there were "lapses of care" described in the Clostridium difficile infection objectives for NHS organisations in 2014/15 and guidance on sanction implementation will be made when the precise definitions for "lapses of care" have been agreed, Kent wide, with the Commissioners.

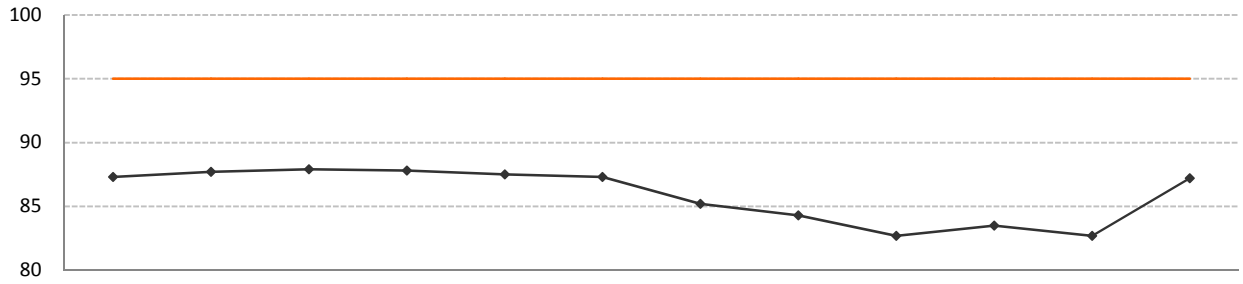
Escherichia coli Bacteraemia - Incidents Pre and Post 48h

		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Monthly Average	Total Apr
2014/15	Pre 48h	32												32.0	32
	Post 48h	9												9.0	9
2013/14	Pre 48h	30	33	41	37	28	42	36	36	26	31	29	33	33.5	30
	Post 48h	4	3	4	12	3	12	10	4	8	8	6	11	7.1	4

The IPCT are now undertaking Root Cause Analysis for E.coli bacteraemia cases occurring within 30 days of a surgical procedure undertaken in EKHUFT to identify the causes and address as necessary.

PATIENT SAFETY: INFECTION PREVENTION & CONTROL

Mandatory Training Compliance



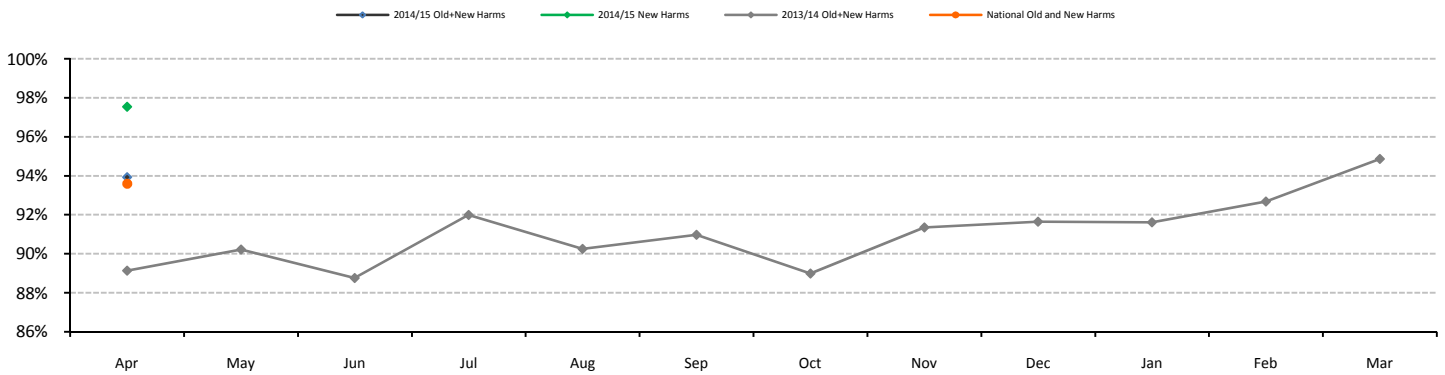
	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
Compliance (%)	87.3	87.7	87.9	87.8	87.5	87.3	85.2	84.3	82.7	83.5	82.7	87.2
Target	95	95	95	95	95	95	95	95	95	95	95	95

	Mar-14							
	Target	Trust	Clinical Support Services	Corporate	Specialist Services	Strat Dev & Capt Pln	Surgical Services	UCLTC
Mandatory Comparative Data for Biennial Training Compliance	95%	87.2%	83.4%	87.0%	79.1%	93.4%	83.0%	82.3%

Compliance Against Performance	
	Achieving or exceeding performance metric
	0-10% underperformance against metric
	10-20% underperformance against metric

Trust compliance increased from 82.7% in February to 87.2% in March. Increases have been seen in Clinical Support Services (from 83.0% to 83.4%); Corporate Services (from 83.4% to 87.0%), and Surgical Services (from 82.3% to 83.0%). However, there have been slight decreases in compliance within Specialist Services (down to 79.1% from 80.1%); Strategic Development and Capital Planning (down to 93.4% from 94.1%), and Urgent Care and Long Term Conditions (down to 82.3% from 82.7%). Special attention needs to be given to raising compliance within these be given to raising compliance within these Divisions.

Safety Thermometer Harm Free Care



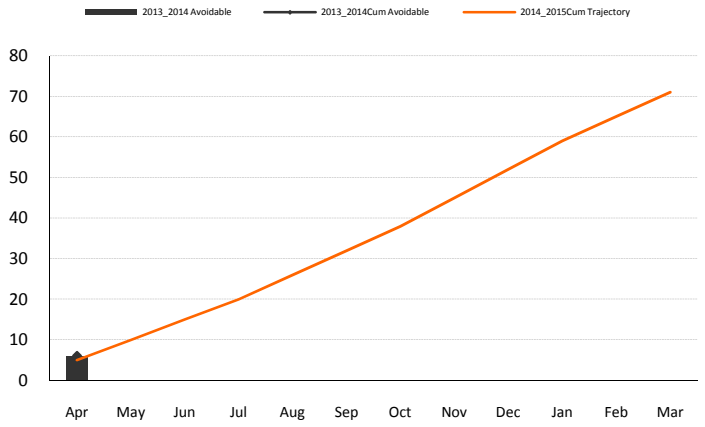
The chart above shows the percentage of Harm Free Care expressed as a one-day snapshot in each month. It is known as the NHS Safety Thermometer and is a quick and simple method for surveying patient harms. The aim of the Safety Thermometer is to identify, through a monthly survey of all adult inpatients, the percentage of patients who receive Harm Free Care. Four areas of harm are currently measured:

- All grades of pressure ulcers whether acquired in hospital or before admission;
- All falls whether they occurred in hospital or before admission;
- Urinary tract infection (inpatients with a catheter);
- Venous thromboembolism, risk assessment and appropriate prevention.

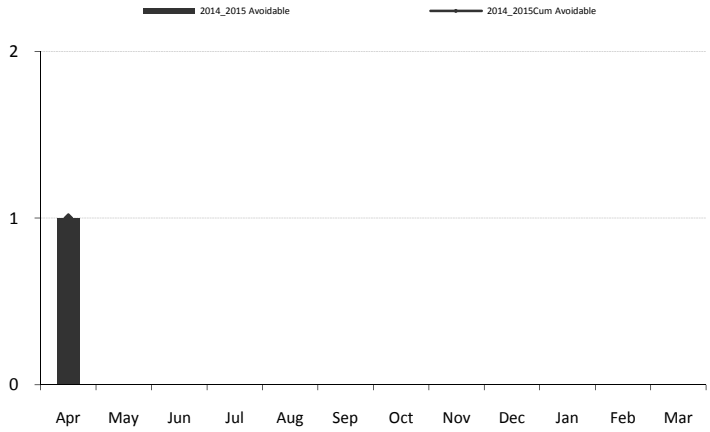
The strength of the NHS Safety Thermometer lies in allowing front line teams to measure how safe their services are and to deliver improvement locally. There are several different ways in which harm in healthcare is measured and there are strengths and limitations to the range of approaches available. The NHS Safety Thermometer measures prevalence of harms, rather than incidence, by surveying all appropriate patients on one day every month to count all occurrences of harms.

Harm Free Care includes both harms acquired in hospital ("new harms") and those acquired before admission to hospital ("old harms"). There is limited ability to influence "old harms" if a patient is admitted following a fall at home, or with a pressure ulcer, but these are included in the overall performance reported to the Health and Social Care Information Centre. "New harms only" are included separately when reporting performance to Divisional teams to enable success to be celebrated and to incentivise improvement. Harm Free Care performance is incorporated within the monthly ward quality dashboard and is triangulated with the existing funded establishment, acuity and dependency of patients, and effectiveness of rostering to enable analysis of influencing factors and thereby focusing improvement actions. In Apr-14, the Trust's own score was 97.6% showing that those patients in our care have a greater harm free experience. This is above the national figure of 93.6% and is the area we can influence the most. The total percentage of Harm Free Care ("old and new harms") is 93.9%. This is above the national figure for the second time. Falls (in total and those with harm) and catheter related urinary tract infections were less prevalent in Apr-14. The remaining indicators showed a higher prevalence this month compared to last month. Both the Tissue Viability Team and the Falls Prevention Team are working towards developing action plans to reduce these incidents occurring in our care. The way we collect these data has been reviewed to ensure greater accuracy so that we can make the necessary quality improvements.

Category 2 Incidence Trajectory 2014/15
25% Reduction



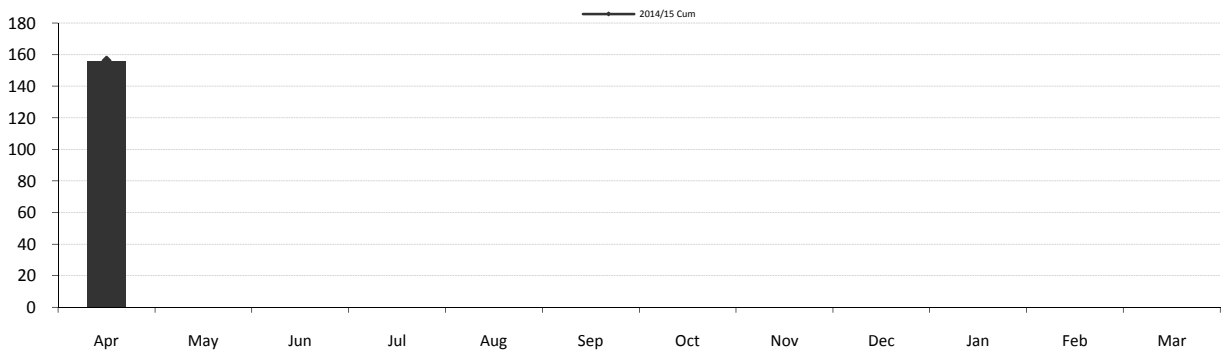
Category 3 and 4 Incidence Trajectory 2014/15



In April, 14 hospital acquired Category 2 pressure ulcers were reported of which 6 were deemed as avoidable; 4 were recorded at KCH, 5 at QEH and 5 at WHH. Learning points are being addressed as part of the Heel campaign to raise awareness and ensure compliance with heel off loading and repositioning techniques. A link nurse study day was held during April and focused on prevention and management of heel ulcers and provided an introduction to the 'Think Heel' campaign.

In April, there were 3 reported deep acquired ulcers (Categories 3 and 4); 2 at QEH and 1 at WHH. Of these ulcers, 1 was agreed as avoidable and a Root Cause Analysis has led to a bespoke action plan to address the issues raised, including addressing workload challenges incurred with extra bed allocation. As the majority of deep ulcers are located at the heel or ankle, a Trust wide Heel campaign has been launched to eliminate avoidable heel pressure damage. All areas have been asked to produce an action plan to ensure full prevention is in place for all patients at risk. In addition, a working group has been set up that meets fortnightly to work towards eliminating all avoidable deep ulcers.

Patient Falls - Injurious and Non-Injurious

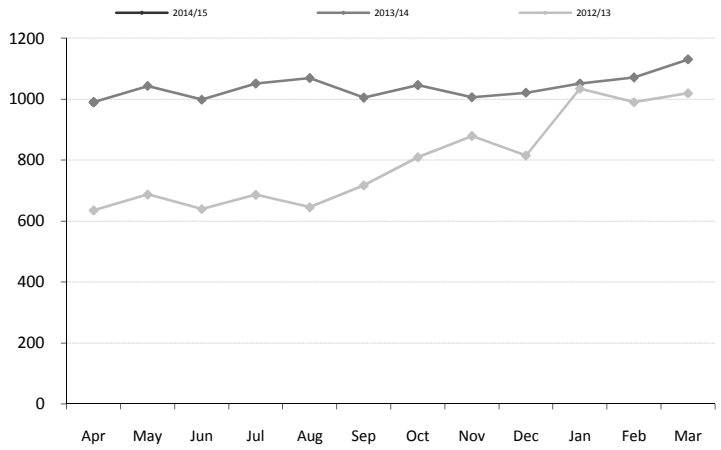


in Apr-14 there were a total of 156 in patient falls; 40 were at KCH, 56 at QEH and 60 at WHH. One fall at KCH resulted in a hip fracture and 6 falls at WHH resulted in a fracture or head injury. It is noted that there have been significantly more falls at WHH over the past year which resulted in moderate injuries. The Falls Team are planning an "Engagement Event" at WHH to include senior nursing staff, ward staff, consultants and therapists, to explore the assessment process, barriers to effective interventions and cultural factors, and to enable joint solutions. The Deputy Chief Nurse will be supporting this work in a facilitative role.

CLINICAL QUALITY & PATIENT SAFETY
PATIENT SAFETY: CLINICAL INCIDENTS

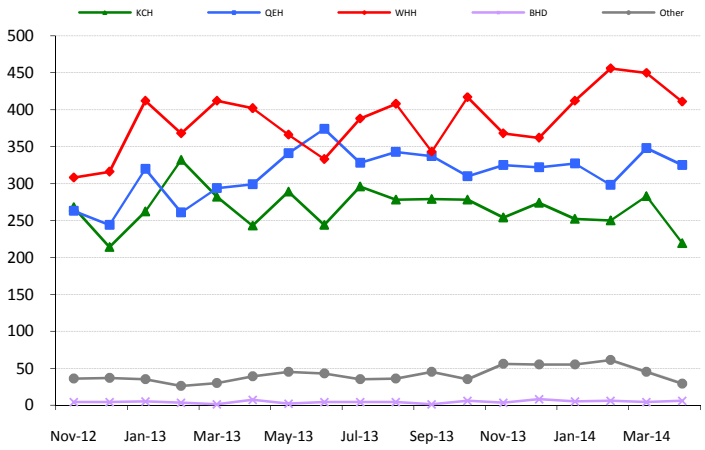
In Apr-14 a total of 990 clinical incidents and patient falls were reported. This includes 6 (which are under investigation) incidents graded as death and 2 (which are under investigation) graded as severe. Unapproved incidents may be downgraded following investigation. In addition to these 8 serious incidents, 13 incidents have been escalated as serious near misses, of which all are under investigation.
Eleven serious incidents were required to be reported on STEIS in April. No cases have been closed since the last report; there remain 44 serious incidents open at the end of April of which 6 have been closed by the KMCS pending review of external bodies before closure on STEIS.

Overall Incident Rates by Year



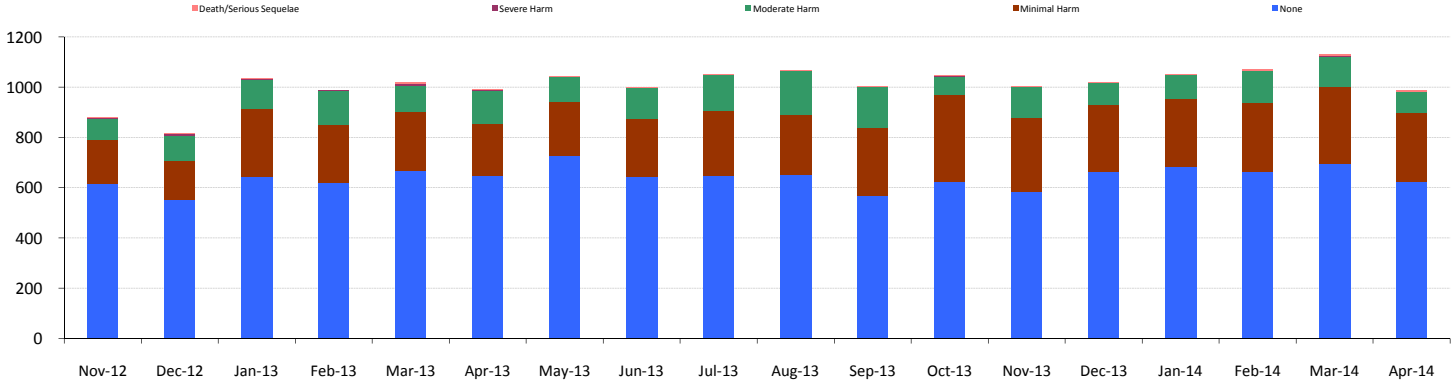
A total of 990 clinical incidents have been logged in April (same number as Apr-13) compared with 1131 recorded for Mar-14.

Overall Incident Rates by Site



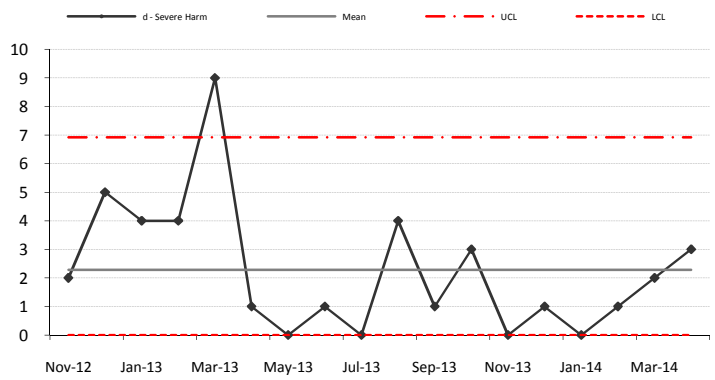
The number of clinical incidents have dropped at all 3 main sites, most significantly at KCH.

Clinical Incidents by Severity

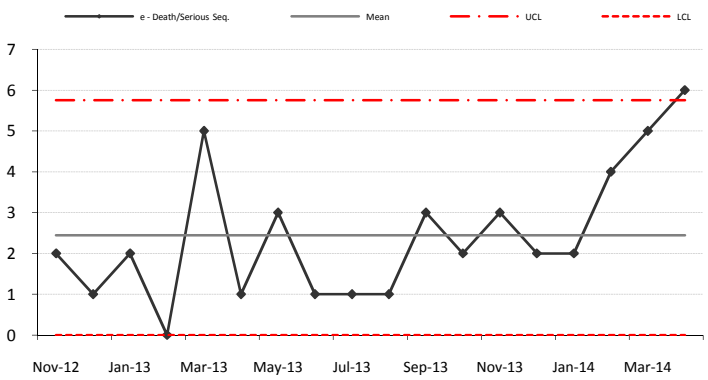


The incidents graded as moderate, serious and death have all been subject to review in order to confirm the consistency of the grading of harm across the Trust. The Board of Directors may see a change in this report to reflect the re-categorisation process undertaken. This is consistent with the data presented in the Quality Account and Quality Report.

Severe Harm

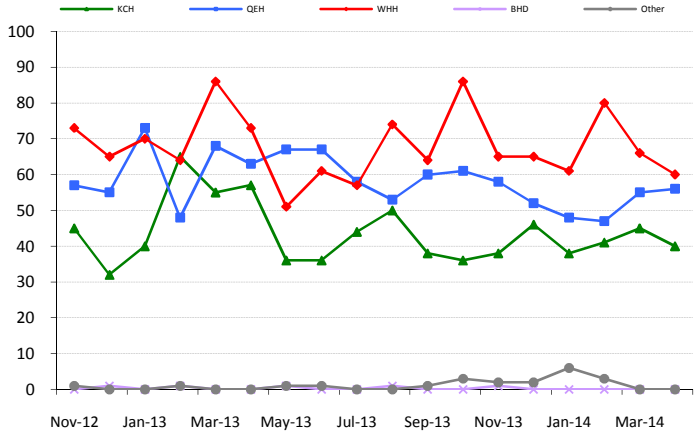


Death/Serious Sequelae



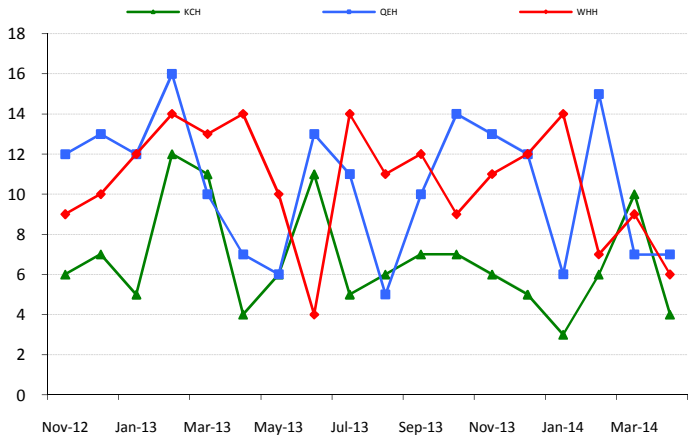
The number of death/serious and severe harm incidents reported in Apr-14 remains subject to the usual RCA investigation and review. It is possible that the severity of these cases will be downgraded once the investigation process is completed. In Apr-14, the number of incidents graded as death or severe have risen in comparison with previous months; these are currently under investigation.

Patient Slips, Trips and Falls



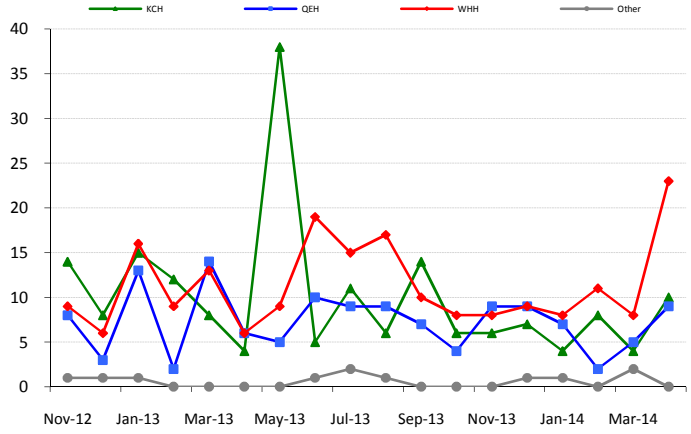
Of the 156 patient falls recorded for April (166 in March), none were graded as severe or death. There were 78 falls resulting in no injury, 71 in low harm and seven in moderate harm. The top reporting wards were Deal (QEH) with 14 falls; Richard Stevens Stroke Unit (WHH) with 10 falls; Marlowe (KCH) and Treble (KCH) with 8 each; CDU (QEH) and CDU (WHH) with 7 each; Kent (KCH), Minster (QEH) and Kings D Male (WHH) with 6 each. The remaining wards reported 5 or less falls. Of the 7 moderate harm falls, 4 resulted in fracture on Marlowe (KCH), CDU (WHH), Kennington (WHH) and Kings C2 (WHH); 2 resulted in head injury on Kings A2 (WHH) and Oxford (WHH); patient became unresponsive for a period of time on Kings D Female (WHH). A Root Cause Analysis is carried out for all falls resulting in serious harm or fracture.

Hospital Acquired Pressure Ulcers



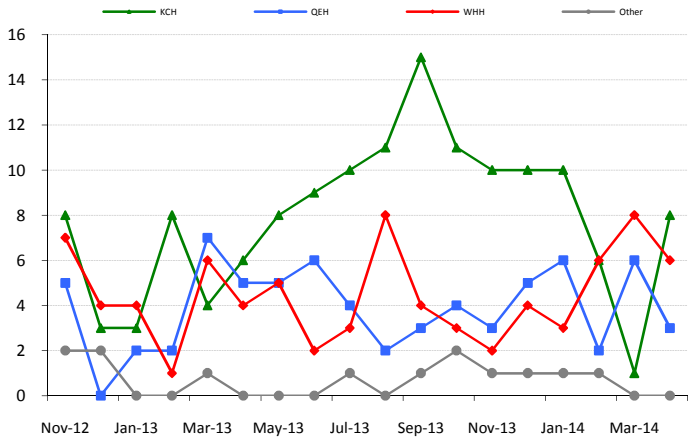
In April there were 17 reported incidents of pressure ulcers developing in hospital (26 in March). This included 14 category 2 pressure ulcers, 2 category 3 and 1 category 4. Seven have been assessed as avoidable and 10 as unavoidable. The highest reporting wards were Seabathing (QEH) with 3; Kingston Stroke Unit (KCH), St Margaret's (QEH) and Cambridge J (WHH) with 2 incidents each.

Delay in Providing Treatment



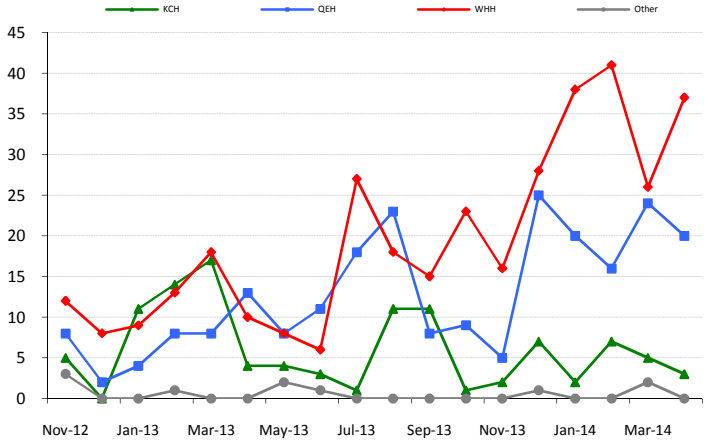
There were 42 incidents resulting in delay in providing treatment during April compared with 19 in March. No incidents have been graded as death, severe or moderate harm. Seven have been graded as low and 35 resulted in no harm, which included 2 serious near misses. Themes in location: 9 incidents occurred at QEH, of which 2 occurred in A&E and 2 on Cheerful Sparrows Male; 23 incidents occurred at WHH, of which 6 occurred in A&E, 3 in CDU and 2 each in Celia Blakey Centre (Chemotherapy), Ambulatory Care Unit and Theatres; 10 incidents occurred at KCH of which 2 occurred in Outpatients.

Incorrect Data in Patient Notes



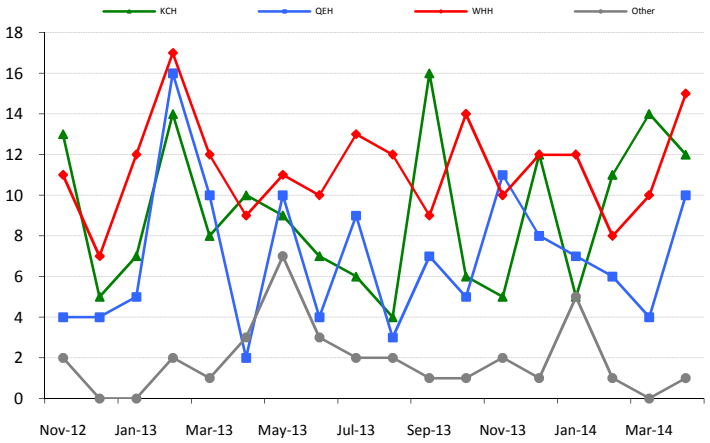
There were 17 incidents of incorrect data in patients' notes reported as occurring in April (15 in March), of which 16 were graded as no harm and one as low harm. Eleven incidents related to incorrect data in paper notes, 5 to incorrect data on patient's electronic record (Patient Centre/Euroking) and 1 to incorrect data in the electronic discharge notification (eDN). Of the incidents reported, 8 were identified at KCH, 3 at QEH and 6 at WHH. The highest reporting areas were Outpatients (KCH) with 4 incidents and Outpatients (QEH) with 2 incidents.

Staffing Level Difficulties



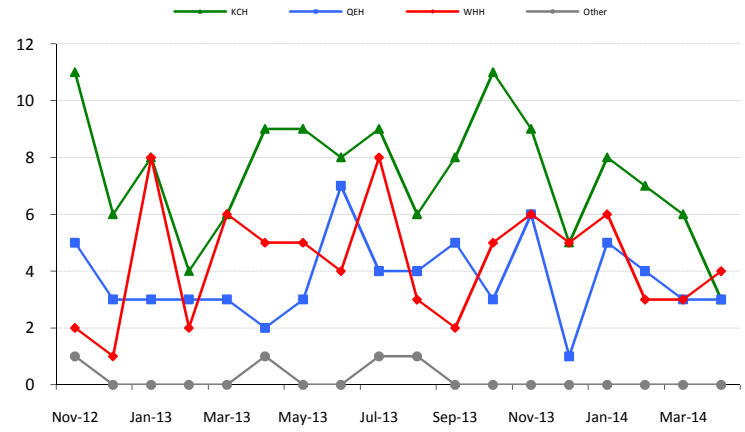
There were 60 incidents recorded in April (57 in March). These included 24 incidents relating to insufficient nurses and midwives, 4 to inadequate skill mix, 3 to insufficient doctors and 25 to general staffing level difficulties. Top reporting locations were Singleton Unit MLU (WHH) with 8 incidents; Kings D Male (WHH) and Labour (QEH) with 7 each; Kennington (WHH) with 6; and the following areas reporting 4 incidents each at WHH (A&E, Folkestone), QEH (Bishopstone and Quex). Other areas reported 2 or fewer incidents. Three incidents occurred at KCH, 20 at QEH and 37 at WHH. One incident has been graded as moderate and 8 as low harm due to delays in providing treatment and suboptimal care being identified. The remaining 51 incidents have been graded as no harm.

Communication Breakdowns



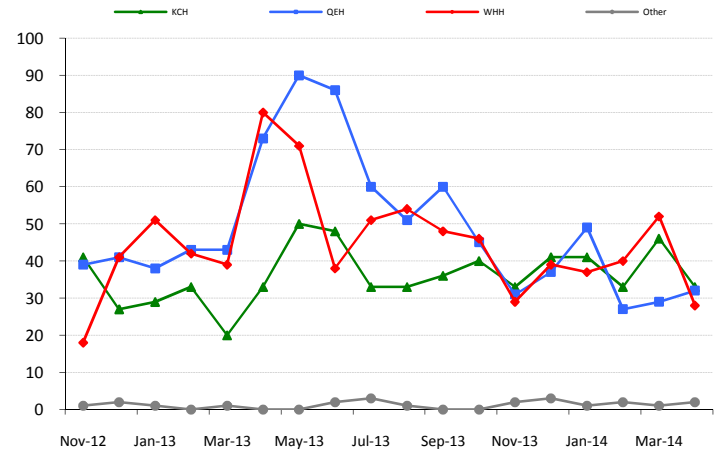
In Apr-14 there were 38 incidents of communication breakdown (28 in March). Of these, 31 involved staff to staff communication failures, 6 were staff to patient and 1 was staff to relative (or other visitor). Of the 38 incidents reported, 12 occurred at KCH, 10 at QEH and 15 at WHH. Themes by location: Day Surgery Unit (KCH) reported 6 incidents; CDU (QEH) reported 4; other areas reported 2 or fewer. Incidents in April were graded as follows: 36 as no harm, 1 as low harm and one as moderate harm.

Blood Transfusion Errors



In April, there were 10 blood transfusion errors reported (12 in March). No themes arose in the period, with the exception of the following: 2 incidents related to delays in provision of components/blood products and 2 incidents related to wastage. Of the 10 incidents reported, 8 were graded no harm and 2 as low harm. Reporting by site: 3 occurred at KCH, 3 at QEH, and 4 at WHH.

Medicines Management



There were 95 medication incidents reported as occurring in April (128 in March).

Medicines Management

Category	Apr-14
Prescribing	29
Dispensing	14
Administering	33
Missing (lost or stock discrepancy)	13
Shortage (drug unavailable)	3
Suspected adverse reaction	0
Infusion problems (drug related)	0
Infusion injury (extravasation)	3
TOTAL	**95**

Of the 95 reported, 78 were graded as no harm including 5 serious near misses and 17 as low harm. No serious incidents were reported. Top reporting areas were: 5 incidents were attributed to each of the following wards/departments: Cathedral Day Unit (KCH), Bishopstone (QEH) and Seabathing (QEH); 4 incidents occurred on Clarke (KCH), Kent (KCH), Cambridge K (WHH) and Folkestone (WHH); 3 incidents occurred in Celia Blakey Centre (WHH), A&E (QEH), Cheerful Sparrows Male (QEH), Aseptics (KCH) and Harbledown (KCH); other areas reported 2 incidents or fewer. Thirty two incidents occurred at QEH, 33 at KCH, 28 at WHH and 2 at BHD.

PATIENT EXPERIENCE: CONCERNS, COMPLAINTS & COMPLIMENTS

The experience of the patients and their families is of paramount importance to the Trust. Patient views are sought via a number of ways including the Patient Opinion website, the Friends and Family Test, via NHS Choices and also through the Trust's formal systems. This report provides the Board of Directors with activity and performance information about the complaints, concerns, comments and compliments during Apr-14. The information reported is for cases received in April and formal cases with target dates due that month.

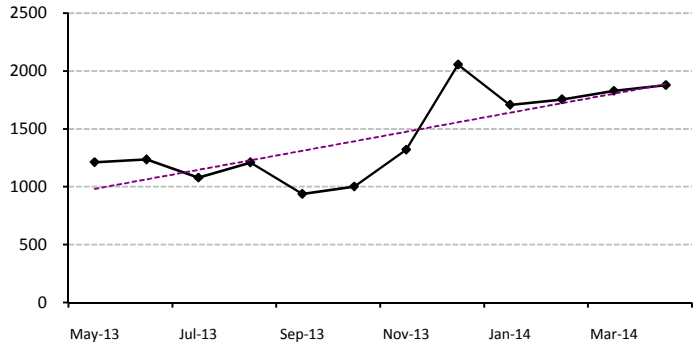
From Apr-14 the Patient Experience Team will report in a slightly different fashion; we will report on formal complaints, informal complaints and PALS (Patient Advice and Liaison Service) issues. Previously only formal and informal complaints were reported, anything which was "just" advice and signposting being classed as "informal". This will mean that the informal complaints should seem to considerably reduce in number, whereas the PALS issues will increase during the forthcoming year. A re-launch of PALS is considered to be a practical and sensible way forward as we will be able to provide advice and support face to face, by telephone and email in a much more timely fashion. A collation of PALS issues will also provide a much quicker method of identifying where something is going wrong.

• Activity: Formal complaints - 69; informal contacts - 74; compliments - 1877; PALS - 205

The charts below show the number of complaints and compliments received on a monthly basis. One formal complaint has been received for every 1143 recorded spells of care (0.09%) in comparison to March's figures where 1 formal complaint was received for every 1141 recorded spells of care (0.09%).

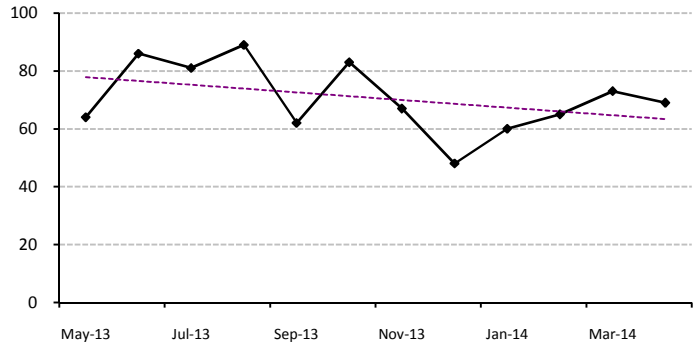
The number of returning clients during April, where clients are seeking further resolution to their concerns, equalled 14 and is an increase on March's figures.

Number of Compliments



In Apr-14 the number of compliments received increased by 2.6% compared to the previous month. The ratio of compliments to formal complaints received for the month is 27:1. There has been 1 compliment being received for every 42 recorded spells of care.

Number of Formal Complaints



The number of formal complaints received has decreased by 5.5% compared to Mar-14, and has decreased by 5.5% since Apr-13.

Top Five Concerns Expressed in Formal Complaints
April 2014

Concerns		No.
Concerns about Surgical Management	Unexpected outcome	7
	Difficulties during procedure	2
	Pre-assessment issues	2
Delays	Delays in allocation of outpatient appointments	3
	Delay with elective admission	2
	Delays in being seen in A&E	1
	Delay in referral	1
	Delay in being seen in Outpatient Department	1
	Delays in receiving treatment	1
	Delay in receiving x-ray results	1
Concern about Attitude	Concerns over doctor's attitude	6
	Concerns over nurse's attitude	2
Concerns over Clinical Management	Incomplete examination carried out	6
	End of life/palliative care issues	1
	Referral issues	1
Problems with Discharge Arrangements	Unfit for discharge or poor arrangements	4
	Unhappy about follow-up arrangements	1
	Incomplete/illegible discharge letter	1

The common themes raised within the top 5 informal concerns are led by problems with delays, followed by problems with communication, problems with attitude, problems with appointments, and cancellations.

With regards to formal complaints, the highest recurring subjects raised within formal complaints for Apr-14 were concerns about surgical management, delays, concerns about attitude, concerns over clinical management, and problems with discharge arrangements.

Concerns, Complaints and Compliments - Divisional Performance

April 2014

Division	Divisional Activity				Divisional Performance	
	Formal Complaints	Compliments	Informal Contacts	Compliments: Complaints	First Response Met	Returning Complaints
Clinical Support	0	213	10	213:0	1 of 2	1
Specialist Services	9	732	11	81:1	3 of 7	2
Surgical Services	32	421	33	13:1	20 of 24	6
UCLTC	28	485	13	17:1	28 of 33	5
Corporate	0	26	7	26:0	0	0
Other	0	0	0	0:0	0	0
TOTAL	69	1877	74	27:1	52 of 66	14

Compliance Against First Response Met	
	≥85 - 100%
	75 - 84%
	<75%

The table above shows the monthly Divisional activity and performance for Apr-14, reporting on the percentage of cases where target dates falling within the month have been met. The first response date is the date agreed with the client for the receipt of a substantive response to their complaints; this will either be via a letter or at a meeting.
During Apr-14 the data show that 78.8% of these responses were sent out on target. This is lower than last month. Monthly meetings with the Divisions continue to help manage the timelines and offer support where needed.

Parliamentary and Health Service Ombudsman (PHSO) Cases - Latest Action

Status of Cases	Actions in Apr-14
Cases carried over from previous month	16
New cases referred to the Trust	1
Cases closed by PHSO	1
Current open cases with the PHSO	16

The PHSO is the second and last stage of the National Complaints process and it is open to all clients to approach the Office if they are dissatisfied with the way their formal complaint has been handled.
In April, the PHSO have been in contact with the Trust with regards to 1 new case brought to their attention, that is, 1 case relating to the Surgical Division which has not been previously investigated by the Trust. The PHSO have requested medical records from the Trust. During this period the PHSO closed 1 case which was upheld with recommendation for redress, which has been paid.

Friends and Family Test (FFT)

The Friends and Family Test asks the patient how likely they are to recommend the ward or A&E department to their friends or family. The scoring ranges from:

- Extremely likely;
- Likely;
- Neither likely nor unlikely;
- Unlikely;
- Extremely unlikely.

There is also a "don't know" option which isn't scored, and an opportunity to write further comments. Nationally, Trusts are measured using the Net Promoter Score (NPS) where a score of approximately 50 is deemed good. The Trust's NPS was 56 in April which is higher than in March. This is the combined satisfaction from 3743 responses from inpatients and A&E. Maternity services achieved 380 responses. The NPS shows an improving picture. The NPS for inpatients was 71 for A&E it was 37.9 and for Maternity it was 81. The inpatient score is at national average but the A&E score is below national average (54). Further work is underway regarding the low A&E NPS to take a close look at the feedback and set an improvement plan to address the issues our patients are telling us about waiting times, pain, attitude and food and drink availability.

The company iWantGreatCare which reports FFT data on behalf of the Trust have converted the NPS into a "star score" value (ranging from 0 to 5) thus making the interpretation of FFT results easier. The star score is calculated using an arithmetic mean, so a ward that scores 4 stars has an overall average rating of "likely" to be recommended. The Trust score for April was 4.5 stars out of 5 stars and is higher than last month.

The response rate for Apr-14 for inpatients and A&E combined achieved the 15% standard this month at 25.11% which is the highest to date. This awaits Unify2 validation. Once again the wards exceeded the 15% standard with a 35.17% response rate. The A&E departments achieved 19.58% this month exceeding the 15% standard. Maternity services achieved 16.57% combined. Staff FFT is about to be implemented and FFT for Outpatients and Day Cases is being planned for October this year.

We Care Programme

In order to improve the experience for patients and their visitors, as well as ensuring we look after one another, the Trust is working on the "We Care" Programme. After listening to over 1500 patients and members of staff 3 new Trust values and behaviour standards have been developed. They describe how the Trust employees aim to interact with patients, family members and each other. These values and standards also outline the Trust's ambition to "show that we care" and to provide an excellent experience for everyone who works within the Trust. They will become an integral part of the Trust's working practices and will be used to guide staff recruitment and appraisal processes, illustrate how both patients and colleagues will be cared for, and how improvements in their experience will be measured.

The values and standards are listed below. Each of these will be evidenced through a more detailed description of the behaviours that staff and patients want to see.

- CARING: People will feel cared for as individuals. Because we are welcoming and polite; attentive and helpful; we respect people, their dignity and their time, and we have the courage to speak up when others don't.
- SAFE: People will feel safe, reassured and involved. Because we are consistently safe and reassuringly professional, we listen and communicate clearly, and we work as an effective team.
- MAKING A DIFFERENCE: People will feel confident we are making a difference. Because we take responsibility for delivering the best outcomes, act as leaders where we can, and we look to improve and develop ourselves and our services.

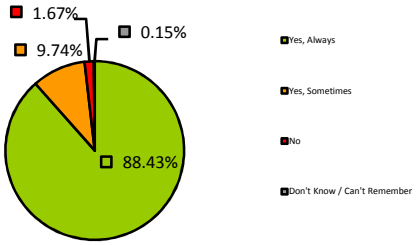
Events have taken place across the Trust during the past 12 months by frontline staff. These have sought feedback from patients and families, as well as having discussions about the We Care values within teams. The Steering Group are currently working on the development of the We Care Programme going forward. This includes designing a Trust wide organisational development plan and embedding the values and behaviours into everyday practice. "Market Place" events took place during March to engage staff and patients in the delivery of the values. This feedback has been collated ready for analysis against the Trust values.

We have undergone a "branding" piece of work that ensures our communications with each other and the public are empathetic and sensitive. This has been labelled the 'Tone of Voice' work led by Human Resources. In addition, work is in progress to embed the values as part of job advertisements, the recruitment process, and our engagement with staff. The roll out of the "We Care" Champions has commenced following the approval by the Board of Directors of the Trust values with Champions in teh process of being recruited. A second event is planned for them in June.

PATIENT EXPERIENCE: REAL-TIME MONITORING QUESTIONNAIRE

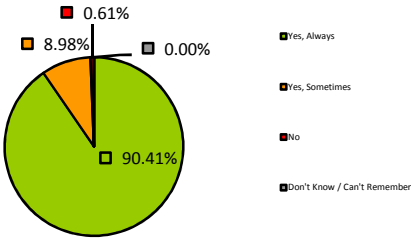
Real time patient experience monitoring using iPads have captured data since 1 Apr-13. During Apr-14, 657 adult inpatients were asked about their experiences of being an inpatient; 102 responses were received from patients treated at KCH, 80 from QEH patients, and 475 responses from patients based at WHH. (Compared with the previous month the number of responses were 141, 150 and 488 respectively). The combined result from all submitted questionnaires in Apr-14 was that of 88.12% satisfaction.

Were you given enough privacy when discussing your treatment?



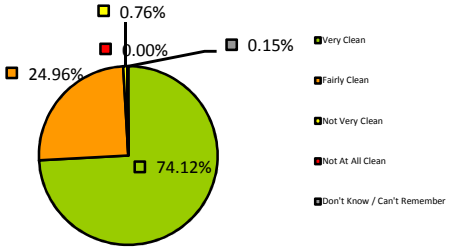
Overall Score = 93.45%

Overall, did you feel you were treated with respect and dignity while you were in hospital?



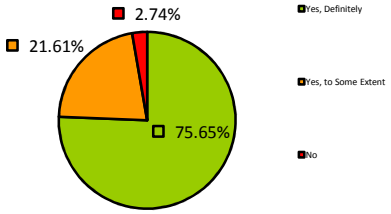
Overall Score = 94.90%

In your opinion, how clean was the hospital room or ward that you were in?



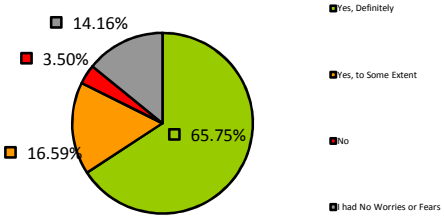
Overall Score = 91.16%

Were you involved as much as you wanted to be in the decisions about your care and treatment?



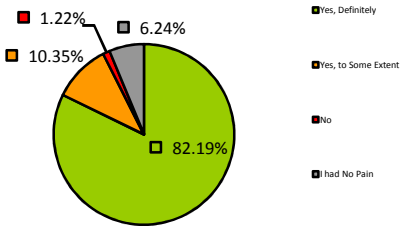
Overall Score = 86.45%

Did you find someone on the hospital staff to talk about your worries and fears?



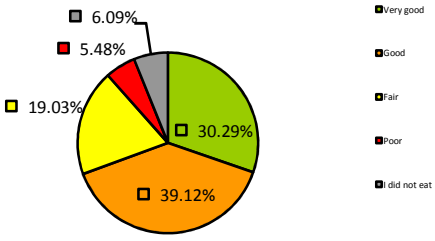
Overall Score = 86.20%

Do you think the hospital staff did everything they could to help control your pain?



Overall Score = 93.18%

How would you rate the hospital food?



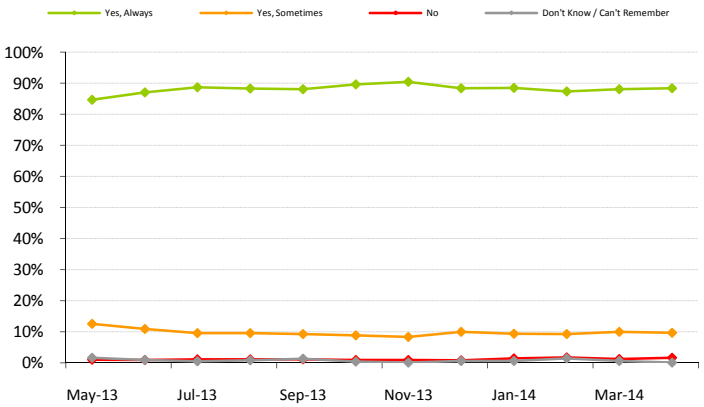
Overall Score = 66.77%

Overall Adult Inpatient Experience Apr-14	
Experience (%)	**No. of Responses**
88.12	657

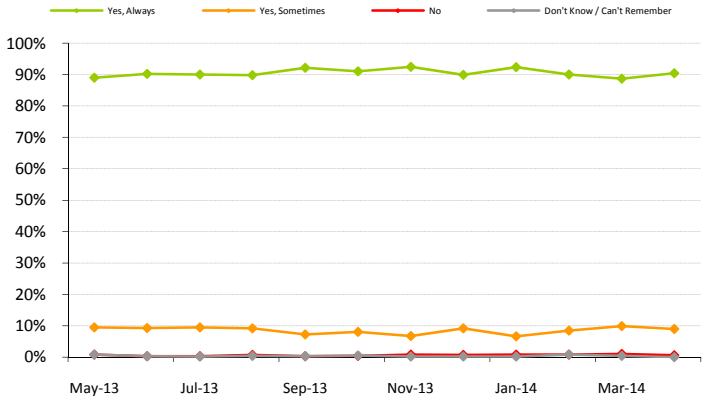
In response to the question "How would you rate the hospital food?" patients are able to answer "very good, good, fair, poor, or I did not eat". This replicates the methodology of the annual national CQC inpatient survey which respectively canvases the opinion of 850 EKHUFT inpatients. In 2012 the results of the national survey indicated that patients rated EKHUFT hospital food below average (52%) when compared with other Trusts. Countrywide the top 20% of Trusts achieved scores of 64 - 79% in response to "How would you rate the hospital food?", suggesting that the survey methodology does not produce very high scores. In the 3 month period form Feb-14 to Apr-14 the real-time monitoring of inpatient experience at KCH, QEH and WHH rated hospital food as 66%, 72% and 68% respectively, and the Trust overall scored 68%. Therefore, if the results of the national CQC inpatient survey in 2013 follow the trend displayed by EKHUFT real-time patient experience monitoring, EKHUFT hospital food will potentially be rated in the top 20%.

PATIENT EXPERIENCE: REAL-TIME MONITORING QUESTIONNAIRE

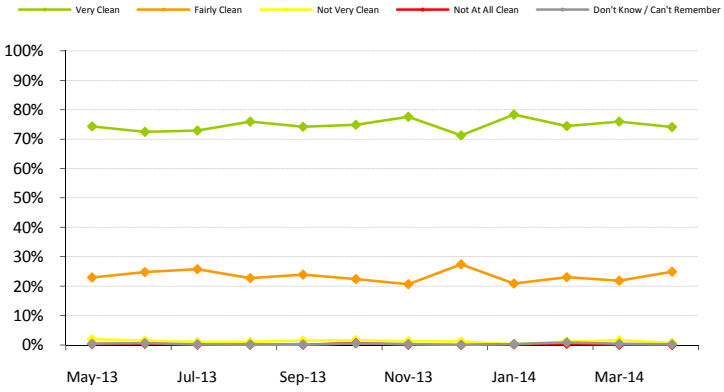
Were you given enough privacy when discussing your treatment?



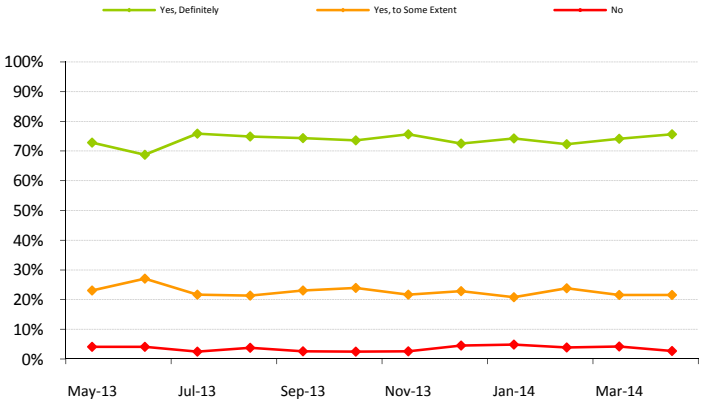
Overall, did you feel you were treated with respect and dignity while you were in hospital?



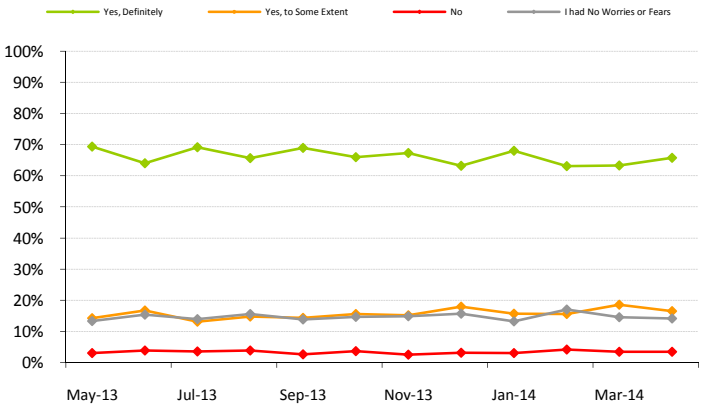
In your opinion, how clean was the hospital room or ward that you were in?



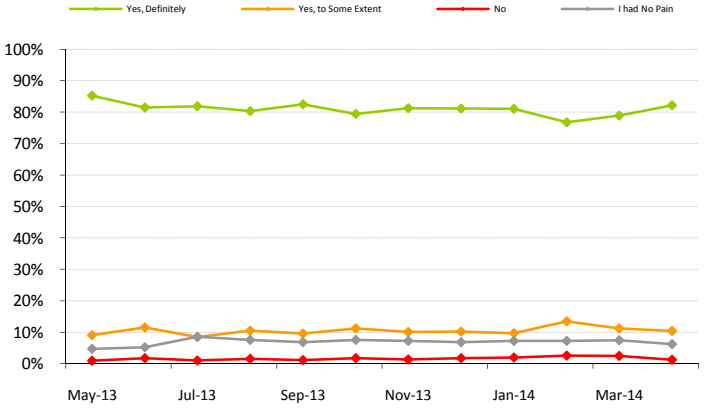
Were you involved as much as you wanted to be in the decisions about your care and treatment?



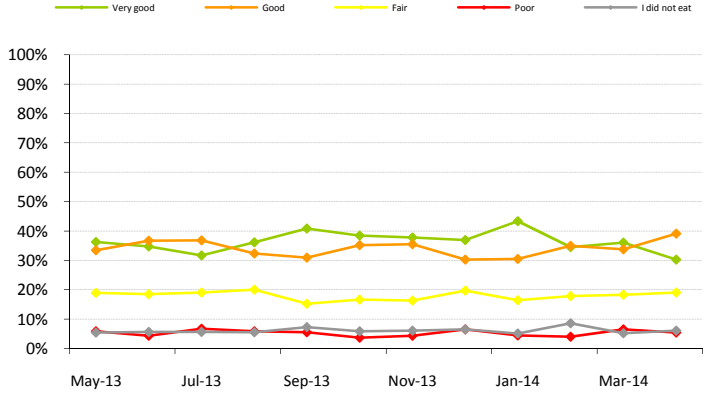
Did you find someone on the hospital staff to talk about your worries and fears?



Do you think the hospital staff did everything they could to help control your pain?



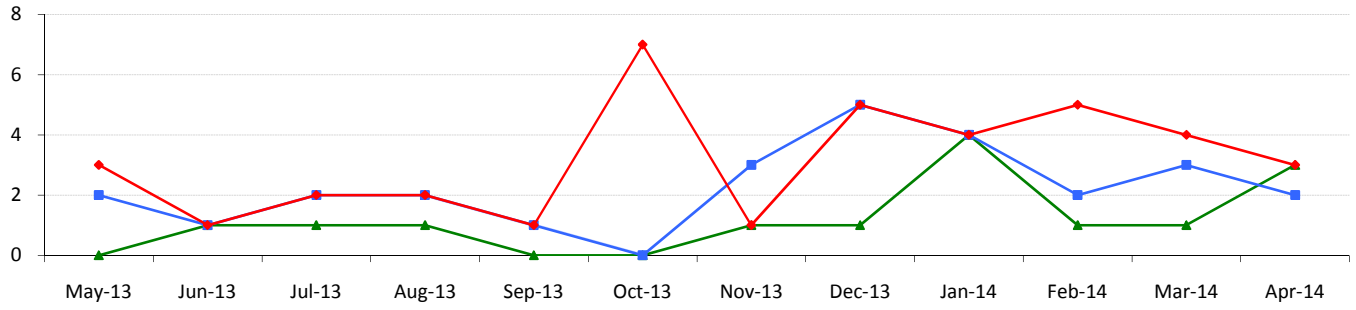
How would you rate the hospital food?



Initiatives are in place to improve nutrition for the Trust's patients, such as a choice of 24 different hot meal options per lunchtime menu, finger foods for those who can not use cutlery, puréed meals, picture menus and assistance when needed. We are working closely with our cleaning teams to ensure that the environment, both clinical and communal, are of a high standard.

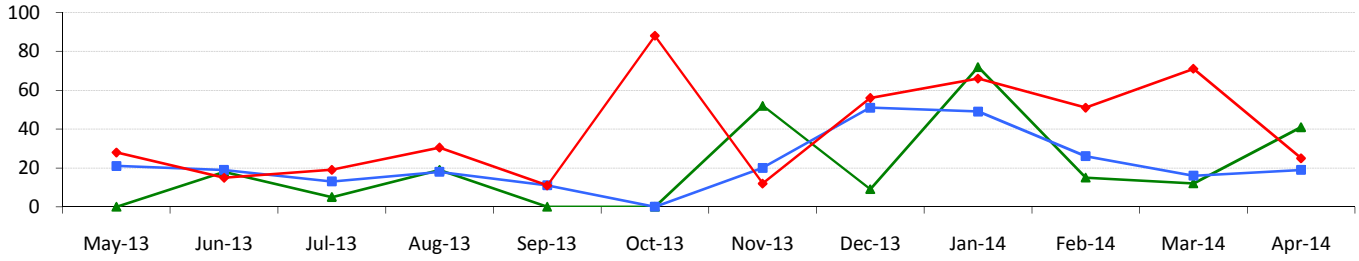
CLINICAL QUALITY & PATIENT SAFETY
PATIENT EXPERIENCE: MIXED SEX ACCOMMODATION

Number of Episodes of Mixed Sex Occurrence



	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14
KCH	0	1	1	1	0	0	1	1	4	1	1	3
QEH	2	1	2	2	1	0	3	5	4	2	3	2
WHH	3	1	2	2	1	7	1	5	4	5	4	3

Number of Hours of Mixed Sex Occurrence



	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14
KCH	0	18	5	19	0	0	52	9	72	15	12	41
QEH	21	19	13	18	11	0	20	51	49	26	16	19
WHH	28	15	19	30.5	11	88	12	56	66	51	71	25

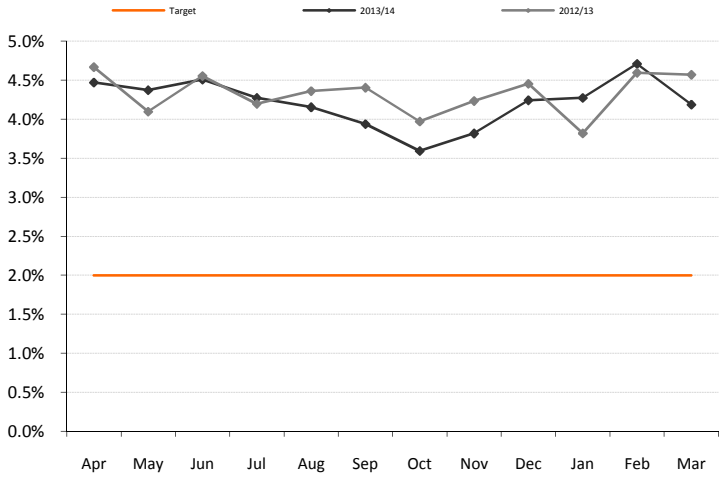
Mixed Sex Accommodation Occurrrences April 2014

Site	Clinical Area	Total No. of Occurrences	Total No. of Patients Affected
QEH	Kingston	3	10
QEH	CDU	2	8
WHH	CDU	3	22
TOTAL		**8**	**40**

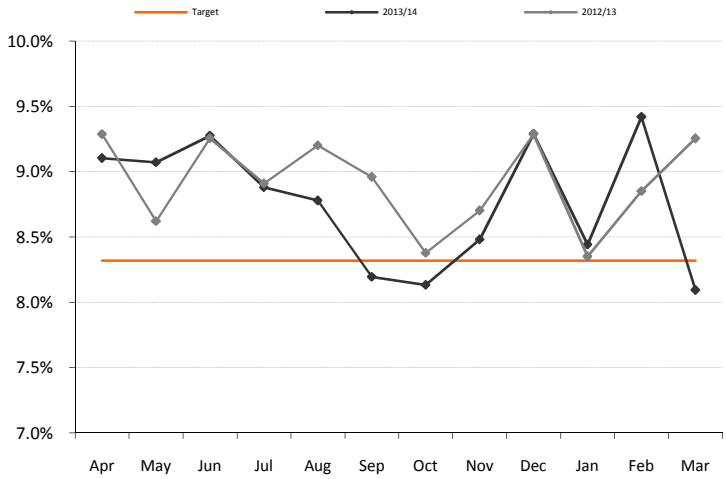
During Apr-14 there were no reportable mixed sex accommodation breaches to NHS England via the Unify2 system. These were not reported as they complied with CCG criteria, such as clinical need. There were 8 clinically justified mixed sex accommodation occurrences affecting 40 patients. The Trust is working closely with the CCGs in order to ensure that mixed sex accommodation occurrences are minimised as much as possible. This includes reviewing the local policy for delivering same sex accommodation and refreshing the acceptable justifiable criteria as outlined in the 2010 national guidance. Building works are continuing in the CDU at KCH in order to provide additional toilet and shower facilities. It is worth noting that none of April's occurrences were in the CDU at KCH. Collaborative work continues with the CCGs where the policy scenarios are being revised. This is due to be discussed at the Quality Meeting with the CCGs where the policy will be refreshed and agreed collaboratively.

CLINICAL QUALITY & PATIENT SAFETY
CLINICAL EFFECTIVENESS: READMISSION RATES

Re-Admission Rate - 7 Day



Re-Admission Rate - 30 Day



The Trust's 30 day readmission rate at the end of Mar-14 has been achieved with 8.09% performance against a goal of 8.32%. The overall trend for the year continues to reduce.

Going forward into 2014/15, a goal to further reduce the Trust's readmission rates through improvement work is underway with accurate data analysis and the identification of specialities where support to reduce readmission rates would be beneficial.

			CQUIN	2013/14 Baseline	2014/15 Target	YTD Status	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Q1	Q2	Q3	Q4	Year End Position
			National CQUINS																				
Performance	Friends and Family Test	1a	Implementation of FFT to staff	N/A	Implemented by Jul-14																		
		1b	Implementation to Outpatient and Day Case Units	N/A	Implemented by Oct-14																		
		1c	Increased Response Rates in A&E	Q1 2014/15 - TBC	Improvement from at least 15% in Q1 to at least 20%, or higher than Q1 baseline if higher than 20% by Q4	19.6%	19.6%																
		1d	Increased Response Rates in Inpatient Areas	Q1 2014/15 - TBC	Improvement from 25% in Q1 to 30% by Q4, or maintaining a response rate of 30%	35.2%	35.2%																
		1e	Reduced Negative Responses in A&E, Inpatient and Maternity Areas (Aggregate Measure - Full Payment)	Q4 2013/14 - 9%	Reduction in negative responses as a proportion of total responses in A&E, Inpatient and Maternity areas	7.0%	7.0%																
		1e	Partial Payment - Negative Responses in Inpatient Areas	Q4 2013/14 - 1%	No increase in negative responses in Inpatient areas	1.0%	1.0%																
		1e	Partial Payment - Negative Responses in A&E Areas	Q4 2013/14 - 16%	Reduction in negative responses in A&E areas	13.0%	13.0%																
		1e	Partial Payment - Reduction in Negative Responses in Maternity Areas	Q4 2013/14 - 1%	No increase in negative responses in Maternity areas	1.0%	1.0%																
	NHS Safety Thermometer	2a	Reduction in Falls - Risk Assessment/Care Plan	2013/14 audit - 20%.	50% compliance with completion of falls risk assessment and care plan																		
		2a	Reduction in Falls - Improvement in Prevalence	Apr-13 to Jan-14 - 1.13%	25% improvement in prevalence of falls with harm - NHS Safety Thermometer in Q4	2	2																
		2b	Reduction in UTIs in Patients with Urinary Catheters	Apr-13 to Jan-14 - 1.98%	25% improvement in prevalence of UTIs in patients with urinary catheters - NHS Safety Thermometer in Q4	5	5																
		2c	Reduction in Pressure Ulcers - New	Apr-13 to Jan-14 - 1.09%	5% improvement in prevalence of new pressure ulcers - NHS Safety Thermometer in Q4	16	16																
		2c	Reduction in Pressure Ulcers - Old	Apr-13 to Jan-14 - 5.01%	Leading the Pressure Ulcer Work Stream																		
	Improving Diagnosis of Dementia	3.1	Dementia Case Finding	98.8%	Average of 90% in each of the elements of the indicator each month for any 3 consecutive months																		
		3.1	Dementia Assessment within 72h	90.1%																			
		3.1	Appropriate Referral	100.0%																			
		3.2	Staff Training/Leadership	20.0%	35% of appropriate staff trained																		
		3.3	Care for People with Dementia	N/A	Self assessment of person-centred care in wards																		
Commentary	Friends and Family Test	1a	Implementation of FFT to staff	An approved supplier has been identified and method agreed. Implementation is expected in advance of the Jul-14 deadline.																			
		1b	Implementation to Outpatient and Day Case Units	Task and Finish group in place. Draft DH guidelines available, final guidelines not due from DH til end of June. This makes implementation by 1 Oct-14 challenging, but plans have already commenced to ensure we are in a position to roll out by September at the latest. Project has been scoped on draft guidelines factoring at worst expectations.																		
		1c	Increased Response Rates in A&E	Reporting includes A&E areas at WHH and QEH.																			
		1d	Increased Response Rates in Inpatient Areas	Response rates are already at 35.2%. ECC included within Inpatient areas.																			
			Reduced Negative Responses in A&E, Inpatient and Maternity Areas	Month 1 (Apr-14) data show a reduction from 9% in Q4 2013/14 to 7%.																			
		1e	Negative Responses in Inpatient areas	Month 1 (Apr-14) data remain static at 1% compared to Q4 2013/14.																			
		1e	Negative Responses in A&E Areas	Month 1 (Apr-14) data show a reduction from 16% in Q4 2013/14 to 13%.																			
		1e	Reduction in Negative Responses in Maternity Areas	Month 1 (Apr-14) data remain static at 1% compared to Q4 2013/14.																			
	NHS Safety Thermometer	2a	Reduction in Falls - Risk Assessment/Care Plan	The risk assessment is updated and has been implemented as part of the Risk Assessment Booklet.																			
		2a	Reduction in Falls - Improvement in Prevalence	Month 1 (Apr-14) NHS Safety Thermometer data - 2 falls with harm, against a trajectory of up to 8.																			
		2b	Reduction in UTIs in Patients with Urinary Catheters	Month 1 (Apr-14) NHS Safety Thermometer data - 5 UTIs in patients with catheters, against a trajectory of up to 13.																			
		2c	Reduction in Pressure Ulcers - New	Month 1 (Apr-14) NHS Safety Thermometer data - 16 new Cat 2 - 4 pressure ulcers, against a trajectory of up to 10.																			
		2c	Lead Pressure Ulcer Work Stream	The first meeting of the Work stream Collaborative group is planned for later in May-14.																			
	Improving Diagnosis of Dementia	3a	Dementia Case Finding	This measure will be reported one month retrospectively.																			
		3a	Dementia Assessment within 72h	This measure will be reported one month retrospectively.																			
		3a	Appropriate Referral	This measure will be reported one month retrospectively.																			
		3b	Staff Training/Leadership	This measure will be reported one month retrospectively.																			
		3c	Care for People with Dementia	Initial discussions have taken place on how to approach this and a plan is due to be developed.																			

Compliance Against Performance
On target
Monthly target missed; quarterly/annual target at risk
Monthly target missed; annual target at risk

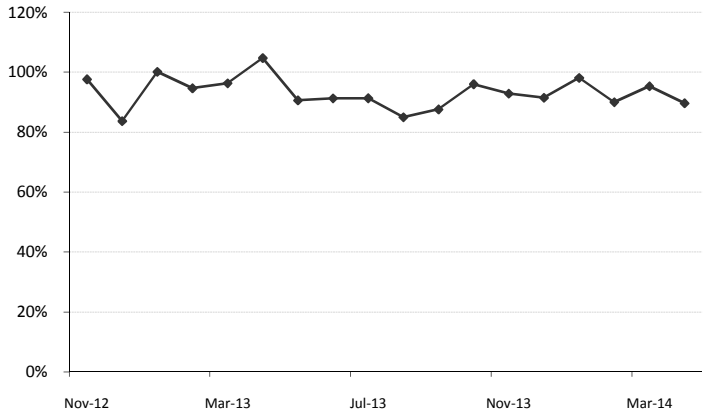
	Local CQUIN			2013/14 Baseline	2014/15 Target	YTD Status	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Q1	Q2	Q3	Q4	Year End Position
Performance	Heart Failure	4	EQ Pathway Measures	TBC																			
	COPD	5a	Improved referral rate to the Stop Smoking Service	9%	Improved referral rate - Improvement rate TBA	7.3%	7.3%																
		5b	Improved referral rate to the Community Respiratory Team	4.6%	Improved referral rate - Improvement rate TBA	5.0%	5.0%																
	Diabetes	6	Develop an Integrated Care Pathway	N/A																			
	Over 75 Frailty Pathway	7	Develop an Integrated Care Pathway	N/A																			
Commentary	Heart Failure	4	EQ Pathway Measures	This measure will be reported Month 1 - 12, Jan-14 to Dec 14. Data will be reported 1 month retrospectively.																			
	COPD	5a	Improved referral rate to the Stop Smoking Service	The reporting processes for these referrals continues to be investigated to ensure all data are being captured.																			
		5b	Improved referral rate to the Community Respiratory Team	The method of identifying electronic referrals is being further explored to ensure that all referrals are captured.																			
	Diabetes	6	Develop an Integrated Care Pathway	A CCG led Project group has been developing an Integrated Diabetes Pathway. A Programme Board meeting has been scheduled for 20 May-14.																			
	Over 75 Frailty Pathway	7	Develop an Integrated Care Pathway	The first CCG led multi provider Pathway Development meeting is planned for 29 May-14. A Trust wide internal group will also be established, to feed into this group.																			

Compliance Against Performance
On target
Monthly target missed; quarterly/annual target at risk
Monthly target missed; annual target at risk

	Specialist CQUIN		2013/14 Baseline	2014/15 Target	YTD Status	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Q1	Q2	Q3	Q4	Year End Position
	National CQUINS																					
Performance	**ODNs**	Support the Operational Delivery Networks (ODNs)	N/A	Provide financial support to ODNs																		
Performance	**Quality Dashboard**	Regular Submission of Data via a Specialised Services Quality Dashboard	N/A	Submit data to Specialty Dashboard as per reporting schedule																		
Commentary	**ODNs**	Support the Operational Delivery Networks (ODNs)																				
Commentary	**Quality Dashboard**	Regular Submission of Performance Data via a Quality Dashboard																				
	Local CQUINS																					
Performance	**Dental Dashboard**	Submit Data to the Dental Dashboard	N/A	Submit data to Dental Dashboard as per reporting schedule																		
Performance	**Hand Held Patient Records**	TBC	TBC																			
Performance	**Neonatal**	TBC	TBC																			
Performance	**Public Health Screening**	TBC	TBC																			
Commentary	**Dental Dashboard**																					
Commentary	**Hand Held Patient Records**																					
Commentary	**Neonatal**																					
Commentary	**Public Health Screening**																					

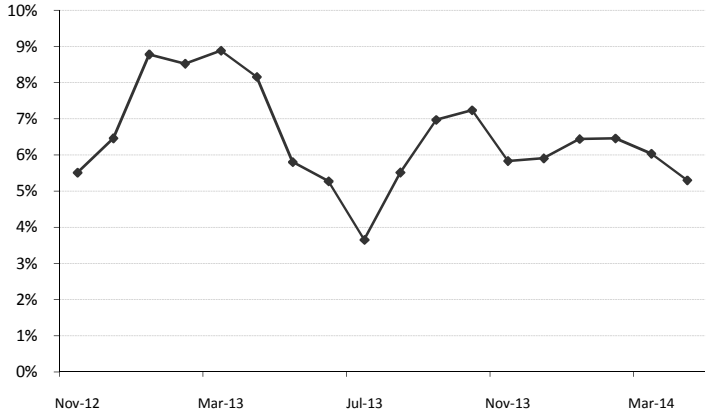
Compliance Against Performance
On target
Monthly target missed; quarterly/annual target at risk
Monthly target missed; annual target at risk

Bed Occupancy



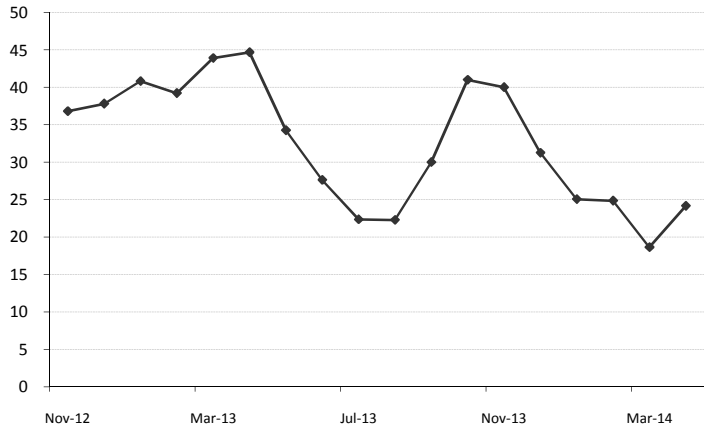
The bed occupancy metric looks only at adult inpatient beds and excludes any ring fenced wards such as Maternity. Occupancy peaked at over 100% during Apr-13, but has since reduced. However, occupancy has been steadily increasing since Aug-13. Occupancy for Apr-14 shows a reduced position against that seen in March (95.26%) with 89.61%, although it still sits above the Trust target of 85%.

Extra Beds



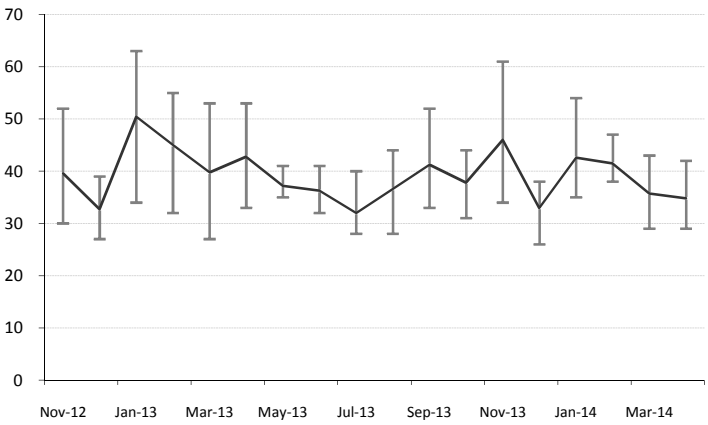
This metric is built up using the number of funded beds on each ward and reviewing those occupied on a daily basis. Where the number of occupied beds exceeds the funded bed base for the ward these are classified as "extra". During January, 6.44% of the Trust's bed days were delivered using extra "unfunded" beds. This position increased slightly to 6.45% in February (thus demonstrating a slight increase on the previous 3 months and is linked to extra capacity being re-opened to meet demand), but again dropped to a March position of 6.03%, in line with Nov-13 and Dec-13. April's position again shows a drop at 5.3% and indicates the position and usage of extra beds is stabilising.

Outliers



The outliers data show the average number of patients bedded in a ward outside of the relevant Division over a given month. In line with the number of extra beds, the number of outliers peaked in Apr-13 when the Trust, and local health economy, was under extreme pressure with unseasonably high emergency flows. The position has now been stable with approximately 25 for the last 3 months. April shows another improvement, achieving 24.17 and it is hoped this position will stabilise further moving into 2014/15, underpinned by a reduction in extra beds and the current stable bed occupancy performance.

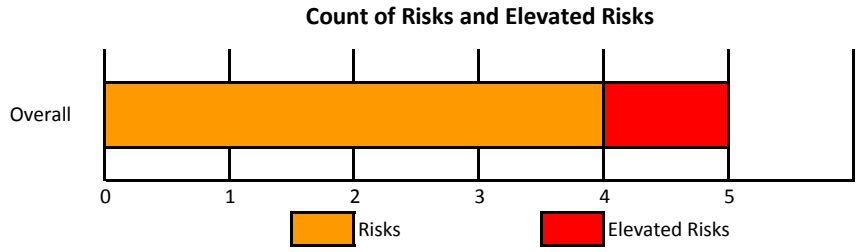
Average Delayed Transfers of Care



In Apr-14, the number of patients on the Delayed Transfer of Care (DToC) list has reduced again on March's position, with overall reportable delays being lower when compared to the same period last year.
The Trust now provides 60 reablement beds, 20 of which became operational on 31 Jan-14. The primary issues for DToC remain, that is, continuing health care, pending assessment by Social Services, and care provision and community resources.

CARE QUALITY COMMISSION: INTELLIGENT MONITORING REPORT

Trust Summary



Priority Banding for Inspection	Recently Inspected
Number of Risks	4
Number of Elevated Risks	1
Overall Risk Score	6
Number of Applicable Indicators	93
Proportional Score	3.23%
Maximum Possible Risk Score	186

Elevated Risk	Composite Indicator: Emergency readmissions following an elective admission
Risk	Never Event Incidence
Risk	PROMs EQ-5D Score: Knee Replacement (PRIMARY)
Risk	Inpatients Response Percentage Rate: NHS England Friends and Family Test
Risk	GMC: Enhanced Monitoring

The Trust was rated as a Band 3 organisation based on the risk scores calculated by the CQC in the first Intelligent Monitoring Report published in Oct-13. The banding process is no longer being adopted by the CQC. Two further reports have been issued since this time; the most recent being on 13 Mar-14. There are changes to the risk reported in the previous iterations of this document.

There are 5 areas showing as a risk; 1 of these is classified as "elevated". This is the Cumulative Sum (CUSUM) for an emergency readmission following an elective admission; the comparative data shows the Trust is performing in line with indicator. The control limits set by the CQC for CUSUM alerting are not clear within the methodology and this alert may have triggered as a result of random variation, particularly as the other indicator is within the expected range.

The remaining areas are classified as "risk". The number of never events occurring is calculated using the calendar, rather than the financial year; this gives the number as 4. The remaining 3 areas are the same as in the previous Reports, but with a reduced level of risk. There is an improving position for the Friends and Family Test, the Patient Reported Outcome Measures (PROM) for primary knee replacement is alerting for the composite of the Visual Analogue Scale only. This relates to general patient well-being rather than any functional improvement following the surgery. The year end figures are currently being compiled. The GMC enhanced monitoring risk is invoked when there is one or more entries where the GMC status is not closed over a period from 1 Mar-09 to 4 Oct-13.